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Bib Data Sheet

CONFIRMATION NO. 6009

<b>SERIAL NUMBER</b> 10/737,360	<b>FILING OR 371(c) DATE</b> 12/15/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 0325991-54740
<b>APPLICANTS</b> Adam P. Dicker, Cherry Hill, NJ; Randy Burd, Philadelphia, PA; Kulbir Sidhu, Philadelphia, PA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/433,471 12/13/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/26/2004				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 16
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 50828				
<b>TITLE</b> Methods of treating and preventing proliferative disease				
<b>FILING FEE RECEIVED</b> 493	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	